Ca	ficeholder and Candidate Impaign Statement - Iort Form	Date of election if applicable:		Date Stamp  RECEIVED	CALIFORNIA 470
Short Form		(Month, Day, Year)	Amendment (Explain Below)	JUL 2 1 2020	For Official Use Only
phonocon		Nov 3, 2020		City Clerk's Office City of Hemet	
1.	Statement Covers Calendar Year 2	2020 .			
2.	2. Officeholder or Candidate Information 3. Office Sought			ht or Held	
	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OF	RHELD	
	Howard Feigenbaum		Hemet City 1		
	STREET ADDRESS		JURISDICTION (LOCA	TION)	DISTRICT NUMBER (IF APPLICABLE)
	***		Hemet CA		(II AFFLIOABLE)
	CITY	STATE ZIP COD			
	Hemet CA 92545  AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS				
	ANEX CODEDAT TIME FITONE NOWIBER				
,	feigenbaum@sbcglobal.net				
4.	Committee Information NA List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.				
	COMMITTEE NAME AND I.D. NUMBER	I	COMMITTEE ADDRESS		
ghereatte	COMMITTEE WHILE AND I.D. HOMBEN		COMMITTEE ADDRESS	NA NA	ME OF TREASURER
phonomen					
5	Verification				
٠.	I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
	lub. 42	2020			
	Executed on July 13,		Ву		
	DATE			GIGNATURE OF OFFICEHOLDER	OK CANDIDATE
	Clear Form Brint Form				